



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☒ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number 60061-128	2. EPA Product Manager Marshall Swindell	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Kop-Coat Inc./ Valvtect	PM# 33	
5. Name and Address of Applicant (Include ZIP Code) Kop-Coat Inc. 1850 Koppers Building Pittsburgh, PA 15219 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(ii), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input checked="" type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Kop-Coat, Inc. wishes to apply for a label amendment to the registration for the above referenced product. (Please note the primary brand name has been changed from ValvTect Marine Heavy Duty Premium Diesel with BioGuard to ValvTect Marine Premium Diesel Additive with BioGuard Microbiocide). This label amendment has been updated to add one bullet point "contains less than 15 ppm sulfur" on the front panel. Please stamp this label with the changes as amended primary label. No other changes have been made to the pin punched stamped label dated 5/14/10. Please stamp this label as the primary label.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Metal	
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	<input type="checkbox"/> Plastic	
		If "Yes" Package wgt	No. per container	<input type="checkbox"/> Glass	
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container Gallon, quart		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input checked="" type="checkbox"/> Lithograph Paper glued <input type="checkbox"/> Stenciled				<input type="checkbox"/> Other _____	

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Kim Treloar		Title Product Registration Specialist		Telephone No. (Include Area Code) (412) 826-3323	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature		3. Title Vice President			
4. Typed Name Alan S. Ross		5. Date 06/08/10			